

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Proposals

Start up

Submit to:

Proposals Due: July 19, 1999

Attention: Melanie Carlson
Child Care Division
Department of Health and Human Services
P.O. Box 95044
Lincoln, NE 68509-5044

SUPPORTING DOCUMENTS WILL
NOT BE ACCEPTED AFTER
PROPOSALS ARE SUBMITTED

FAX NOT ACCEPTED

SUBMIT TWO ORIGINALS AND
FIVE (5) COPIES FOR A TOTAL OF SEVEN (7).
USE 8.5 x 11 PAPER. STAPLE IN
UPPER LEFT CORNER.
DO NOT ENCLOSE IN BINDERS.

PROPOSAL CHECKLIST

- _____ Two Originals and 5 copies of proposals including
- _____ Transmittal Letter
- _____ Program Description
- _____ Center Policies Description
- _____ Center's philosophy.
- _____ An enrollment policy.
- _____ A copy of the payment policies.
- _____ A copy of the job descriptions.
- _____ A copy of the staff qualifications.
- _____ A description of the staff evaluation process.
- _____ Preservice and inservice training plans.
- _____ The staff recruitment plan.
- _____ The staff retention plan.
- _____ The center's current parent handbook or guide
- _____ Food Service Description
- _____ Budget/Business Plan
- _____ Signed Drug Free Work Place verification

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I. INTRODUCTION

1. Purpose

The Department of Health and Human Services (hereafter HHS) issues this request for proposals for the operation and management of a licensed child care center at the Thomas Fitzgerald Veterans' Home (hereafter known as TFBH).

The purpose of this Request for Proposal is to obtain the services of licensed child care center to provide on-site child care to the state employees who work at the Thomas Fitzgerald Veterans' Home seven days a week and all national and state holidays. Child care must be provided during the hours described in Phases I, II, and III.

Management and cost of the operation, as well as the profit generated from such, is not the responsibility of the state. The TFBH will provide the building and adjacent out of doors space for occupation and use by the successful proposer for the purpose of operating the child care center.

It is anticipated that the contract term will be for a period of three years with a possible two additional annual extensions.

II. PROGRAM GOALS

The program goals are:

- A. Recruit and retain employees of the TFBH by providing child care at their work site;
- B. Increase the longevity of employment by staff at the TFBH;
- C. Decrease absences due to child care disruptions by employees of TFBH;
- D. Increase the stimulation and social contact and improve the quality of life on behalf of the residents of TFBH;
- E. Provide a safe and nurturing environment for children served in the program;
- F. Provide developmentally appropriate child care services which enhance the growth and development of children served in the program.

III. THOMAS FITZGERALD VETERANS NURSING HOME PROVISIONS

TFBH will provide the following to the child care provider:

- A. There is approximately 3290 square feet of unobstructed indoor facility space and 6,000 square feet of unobstructed outdoor space (See Attachment A) which will meet all fire, safety, sanitation, and Health and Human Services System Child Care Licensing regulations to be used for the on-site child care program.
- B. TFBH will provide all of the necessary modifications to the infrastructure of the child care facility to ensure that the building meets all fire safety, sanitation, Health and Human Services codes and regulations to be licensed as a child care center.
- C. TFBH will secure and pay for the on-site utilities, including heat, air conditioning, electricity, and water to be used for the on-site child care program. TFBH will provide preventive maintenance to the utilities system, building structure and will provide for the maintenance of all TFBH grounds, including any on-site child care grounds area. TFBH will secure and pay for pest control services through the TFBH pest control contract. TFBH will provide for the lawn, road repair and snow removal.

- D. After the contract is signed, TFSH will provide salary and benefits for the Director of the child care program for the 90 days of operation up to a maximum of \$ 14,000.00

6 MONTHS
IV. REQUEST FOR PROPOSALS TIMELINE

6/19/99	Issue Request for Proposals
7/19/99	Deadline for Submission of Proposals
7/26/99	Review of Proposals Completed
7/27/99	Submission of Recommendation to the HHS Director
7/30/99	Inform Successful Applicant of Intent to Contract
8/2/99	Inform Other Proposers of HHS Decision
//99	Sign Contract with Bidder

V. PROCUREMENT INFORMATION AND PROCEDURES

A. Eligibility

Any licensed child care program may submit a proposal.

B. Proposal Submission

Proposals:

Proposals must be postmarked no later than Monday, July 19, 1999. If proposals are sent by other delivery service, they must be delivered no later than 5:00 p.m. (CST) on Monday July 19, 1999. Late arriving proposals will not be accepted.

Please note that the proposals must be sent to the address specified on page 2 and the address must appear exactly as specified. HHS accepts no responsibility for mislabeled mail.

If a recipient phone number is required for delivery purposes, (402) 471-9676 should be used. The entire cost for the preparation of a proposal and the attendance at the pre-proposal conference shall be borne by the proposer.

HHS reserves the right to reject any or all proposals received. It is understood that all proposals, whether rejected or not, shall become the property of HHS.

The proposal must contain all information and supporting documentation required. All sections of the proposal must arrive together. Supporting documents will not be accepted after proposals are submitted. FAXed proposals will not be accepted.

Questions and requests for additional information should be directed to: Melanie Carlson, Child Care Division, Department of Health and Human Services, P.O. Box 95044, Lincoln, NE 68509-5044, (402) 471-9152.

VI. REQUIREMENTS

The following are requirements of the proposal and any contract executed afterward.

A. Post-award Requirements

1. Phase I: To Be Completed No More Than 60 Days From Date Contract Is Signed

- Develop plan for implementation
- Survey TFWH employees with children under age 13
- Explore other grants available for start up costs
- Meet all requirements for licensing
- Obtain appropriate license and Child Care Subsidy Approval
- Hire and train staff
- Enroll Children
- Open program to serve children of day shift employees at a minimum

Phase II: To Be Completed No More Than Six Months From Date Contract Is Signed

- Extend program to serve 2nd shift employees

Phase III: To Be Completed No More Than One Year From Date Contract Is Signed

- Conduct needs assessment to determine employee interest in a 3rd shift child care program
- Identify and pursue national accreditation

2. The Contractor:

- a. agrees to accept the Department of Health and Human Services Child Care Subsidy for children whose caretakers are eligible for subsidized care.
- b. must obtain and maintain an appropriate child care facility license with the Health and Human Services System.
- c. assures regard for the rights and dignity of the Thomas Fitzgerald Veterans' Home residents as reflected in the actions of its staff and children in attendance at the child care facility.
- d. agrees to require its staff to comply with the Thomas Fitzgerald Veterans' Home automobile traffic and parking rules and stipulation.
- e. agrees that employees of the Thomas Fitzgerald Veterans' Home receive priority in enrollment over children of non-employees. Other state employees will receive second priority to enroll their children in the child care program. Nonstate employees will be given third priority.

3. The Contractor agrees to maintain for the term of this agreement, with the State of Nebraska named as additional insured, General Liability insurance in the minimum amount of \$500,000 and in the event the Contractor transports children, automobile liability insurance for owned and non-owned vehicles for bodily injury in the amount of \$500,000 per person and \$1,000,000 per accident, \$250,000 property damage for owned and non-owned vehicles, and such workers' compensation and unemployment insurance as is required by law.

The Contractor must provide to HHS within thirty (30) days of execution of the contract a certificate of insurance for the above insurance coverage. Notice of cancellation must be submitted to the Department when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage. If the Contractor subcontracts for certain of the work involved in the contract, it shall insure that the subcontractor has obtained worker's compensation insurance and have proof of such insurance on file.

B. Proposal Requirements

Each proposal must contain the sections described below:

1. Transmittal Letter. This letter must state:

- that the potential contractor fully accepts all terms and conditions of HHS and that the proposal meets all requirement of HHS.
- the name, address, phone number and FAX number of a contact person with whom HHS should communicate regarding the proposal.
- the full company or corporate name; the headquarters' address; the entity business organization form (corporation, partnership, proprietorship, etc.); the state in which the contractor is incorporated or otherwise organized to do business; and Federal Employer Identification Number.
- Disclosure of any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or warrant that no such condition is known to exist.
- If any party named in the proposal is or was an employee of HHS within the past 12 months, identify the individual(s) by name, job title or position, and separation date. If no such relationship exists or has existed, so declare. If any employee of HHS is employed by the proposer or is a subcontractor to the proposer, as of the due date for proposal submission, identify all such persons by name, position held with the proposer, and position held with HHS (including job title or position) Describe the responsibilities of such persons within the proposing organization. If no such relationship exists or has existed, so declare. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist under the Nebraska Accountability and Disclosure Act, the proposer may be disqualified from further consideration in the procurement.

The letter must be signed by a person legally authorized to bind the organization to the contents of the proposal and authorized to represent the organization.

2. Program The proposal must contain the following elements:

- Explain how the program will provide quality service to children and their families.
- Discuss how the program will meet the children's individual needs and show how these individual needs will be met when describing the daily routine.
- Describe how the children will benefit physically, emotionally, socially and intellectually from your program and how activities are age appropriate and individually appropriate.
- Describe how the program will provide an intergenerational focus. This description should include how the TFBH residents and children in care will have opportunities for interaction and shared activities within an intergenerational care model.
- This section should also contain a copy of schedule for the children's day.

3. Center Policies This section must provide copies of the following:

- Center's philosophy,
- Enrollment policies,
- Payment policies
- Job descriptions
- Staff qualifications for each position
- Staff evaluation process
- Staff pre-service and in-service training plans
- Staff recruitment plan
- Staff retention plan
- Center's current parent handbook or guide

4. Food Service: The application will need to include a detailed description of how food will be prepared and served to the children. The TFBH can provide food service for the child care facility at cost.

5. Budget/Business Plan : Proposers are required to provide a business plan which shows projected expenses and income for the next 12 months. A completed business plan form (Attachment B) must be submitted with an attached narrative description of the expenses of the program including wages, advertising, food, insurance, supplies, housekeeping, subcontractors, and ALL of the projected income of the program which include fees, USDA food program, child care subsidy income and other sources of income. Please indicate any other financial resources that are available for the program.

6. A Signed Drug Free Workplace Policy Verification (Attachment D)

7. Attachments: All attachments are incorporated herein by this reference.

G. REVIEW AND EVALUATION PROCESS

All qualified proposals will be evaluated by a panel of internal reviewers from HHS. This panel will include managers and selected analytical staff with, in the opinion of HHS, the appropriate expertise to conduct such proposal evaluations. Proposals will be evaluated on the quality of the program and the management capacity. A child care licensing history will be reviewed as part of the evaluation.

HHS may invite the top proposers to make oral presentations based upon their written proposals, answer questions, and for purposes of clarification only, submit additional information.

The Review Panel will submit recommendations to the Director of the Department of Health and Human Services for final approval. HHS reserves the right to reject any and all bids or to waive any technicality in the bid. The award will be made to the proposer offering the proposal which is in the best interest of the State of Nebraska, Department of health and Human Services.

H. AWARD NOTIFICATION

Notification of the contract award will be made in accordance with the Proposal Timeline.

Once a successful proposer has been notified of its award, HHS may begin discussions of operational terms. These discussions will be limited to terms and conditions not specifically addressed in the RFP or in the written proposal and/or to matters which do not significantly alter the proposal. These clarifications of terms and conditions will be reduced to writing and become part of the contract. A sample contract is attached as Attachment E.

In the event HHS fails to reach agreement with the proposer first awarded within thirty (30) days, HHS may disqualify that proposer and proceed to award the contract to the next qualified proposer.

I. ADDITIONAL INFORMATION

1. Bibliography

The following brief list of selected best practice resources in the field of early care and education is provided to assist persons in preparing proposals. These, as well as many other helpful publications, can be borrowed from the Early Childhood Training Center, (402) 597-4820.

Bredekamp, S. (Ed.). (1987). Developmentally Appropriate Practices in Early Childhood Programs Serving Children Birth Through Age 8. Washington, DC: National Association for the Education of Young Children.

Chandler, P. (1994). A Place For Me: Including Children With Special Needs In Early Care and Education Settings. Washington, DC: National Association for the Education of Young Children.

San Fernando Valley Child Care Consortium. (1988). Setting Up For Infant Care: Guidelines for Centers and Family Day Care Homes. Washington, DC: National Association for the Education of Young Children.

Sciarra, D., and Dorsey, A. (1990). Developing and Administering A Child Care Center. Second Edition. Albany, NY: Delmar Publishers, Inc.

2. Grant Writing Video Tapes

Kids Team. (1994). Grant Writing I and II, Lincoln: State of Nebraska.

3. Business Plan Information

For assistance with writing the business plan, please contact the Early Childhood Training Center at 1-(800) 892-4453.

HINTS FOR PREPARING PROPOSALS

- ! Read all directions carefully before beginning proposal preparation. If you do not understand something, please call for clarification. Not following the directions may result in your proposal being disqualified.
- ! Please avoid using confidential information. (For example, do not use either first or last names of children and/or families.)
- ! We strongly suggest that you use headings for each section of your narrative. (For example, program, business plan, budget.)
- ! Be sure you provide all the information that is requested. Leaving out information may result in your proposal being disqualified.
- ! Be as specific as possible when preparing your budget. All items should be clearly identified.
- ! Please number the pages of your proposal and appendix consecutively.
- ! Make sure that your name and/or program name are included on all attachments, including estimates.
- ! Make sure that you have signed all necessary forms.
- ! Proofread your proposal for spelling, punctuation and grammar. Be sure your proposal is neat and easy to read.
- ! Before submitting your proposal, double check to be sure that your proposal is complete.
- ! Your two (2) originals and each of the five (5) copies must be correctly collated and include all supporting documentation. Supporting materials will not be accepted after the proposal is submitted.
- ! Please use 8.5 x 11 paper. Staple your proposal in the upper left corner. Please do not enclose in binders.
- ! Keep a copy of the proposal for your reference and records.

Intergenerational Child Care

"Intergenerational Child Care is a wonderful blend -- the richness of the past and the promise of the future."

-- Carmen R. Nazario, Associate Commissioner, Administration on Children, Youth and Families, Child Care Bureau

In April 1998, the Child Care Bureau, Administration for Children and Families, Department of Health and Human Services, convened a national *Leadership Forum on Intergenerational Child Care*. The *Forum* provided a venue for approximately 100 participants from across the country to come together to examine the opportunities and benefits of intergenerational child care to children and their families, older adults, programs, and communities. There are multiple ways in which states, tribes, and communities can facilitate the joining of the ages through shared sites and other activities of mutual benefit involving seniors as staff or volunteers in the child care workforce.

INTERGENERATIONAL CHILD CARE: A COMMUNITY RESPONSE THAT BENEFITS ALL AGES

Older adults are the fastest growing natural resource in this country. In 1998, 1 in 8 Americans was over age 65. It is projected that there will be 70 million older adults by the year 2030. There are not just more older adults, but longevity is the trend, with seniors being

healthier, doing more, and living longer. Four generation families are becoming the norm.

Millions of American children are cared for at least part of the day by someone other than their parents. With parents entering the workforce in greater numbers, families depend on child care services to provide safe and stable environments for the healthy development of their children. According to the Annie E. Casey Foundation, there are nearly 29 million children under the age of 13 who are likely to need child care while their parents work.

There are many wonderful things that can happen when you put the young and the old together. Many people have the vision of the elderly being there to rock or comfort the young, a truly invaluable role. But the many other tremendous life experiences and knowledge that seniors possess can benefit children greatly -- by promoting infant stimulation, mentoring young mothers, being a reading buddy, and encouraging and supporting the development of young children in other critical ways. Older men can work with young fathers. Older adults can help involve parents and other members of the community. Seniors can also help families to navigate the child care system to find the best quality of care for their children.

"Intergenerational programming is simply invaluable -- when it assists the young to

prepare for later life and when it concomitantly facilitates older Americans being able to continue to contribute as active, healthy, productive members of society."

-- Jeanette C. Takamura, Assistant Secretary, Administration for Aging

Older adults get back much from their interaction with children. Active involvement with children can help sustain physical, mental, and emotional well-being, and promote life satisfaction and improved self-esteem. Regardless of functioning level, older adults can benefit from meaningful and appropriate activities with young children. Isolation and loss of purpose may result when seniors do not have opportunities to contribute. The presence of older people in children's settings also teaches about aging.

SENIORS AS MEMBERS OF THE CHILD CARE WORKFORCE: PAID STAFF AND VOLUNTEERS

Research has shown that the single most important determinant of quality child care is the caregiver. The presence of consistent, sensitive, well-trained, and well-compensated teachers and providers is the hallmark of high quality child care. The on-going education and training of all child care staff are essential determinants of the quality of services children receive. Older adults can find meaningful employment as staff members in child care centers. Working with young children can be

demanding and challenging, but the rewards of making a contribution to the growth, development and well-being of a child are great. Additionally, the younger professional can benefit from an understanding of the life development and adaptations of the seniors. Everyone in the program, from children to adults, can benefit from the added diversity of having older adults participate.

For all child care workers, experiential knowledge coupled with specialized training and education is essential. Successful inclusion of older adults as paid staff or volunteers in child care programs starts with the development of an integrated training network — one that combines adult learning theory and experience in working with older adults with the best early childhood knowledge. Additionally, intergenerational teams are successful when staff are suitably matched to their jobs, well-compensated, supervised, and provided with appropriate feedback. Education should be continual for all those who work with children.

When seniors have the desire and motivation to bring their own unique and valuable perspective to the child care setting, it can be a mutually rewarding experience. According to *The Older Worker Child Care Employment Survey*, seniors are rated very highly as staff. This 1993 study reported that Program Directors rated the older workers above average for attendance, responsibility, responsiveness toward children and overall job performance.

FORGING NEW RELATIONSHIPS THROUGH SHARED SITE FACILITIES AND OTHER OPPORTUNITIES FOR ENGAGEMENT

Intergenerational approaches call for using the strengths of one generation to meet the needs of another. Healthy active seniors and frail elders can bring a unique quality to children's lives. Children can bring much energy and enthusiasm into the lives of seniors. These new relationships can take place in any number of ways, through a continuum of service types. In shared site programs, multiple generations receive ongoing services and/or programming at the same site. In many instances, the seniors and the children have opportunities for shared time and interaction. The degree to which the generations interact is not solely based on facility design, but on the integration of programming as well. Activities may be "planned and ongoing," or "planned and occasional." There may also be "incidental" or informal interactions. Intergenerational activities can involve children of all ages, infants through school age, and seniors with varying degrees of independence.

It takes commitment of time and energy to foster and sustain relationships between networks and programs. However, this effort is rewarded by the opportunity to positively impact the quality of life for people of all ages.

NEXT STEPS

There are many successful and innovative intergenerational state, tribal, and community program models. The foundation of experience, research, and knowledge is in place. To further promote the development of intergenerational child care initiatives:

- Bring leaders together: those who work with children and child care programs, those who work with the elderly, and the intergenerational community, as well as state, tribal, and community leaders. Learn about what each does. How do they feel about children and older adults being together? Share each other's worlds, knowledge, and fears.
- Develop concrete goals. There is a continuum of options - which is right for your state, tribe, or community?
- Learn about the resources, funding and financing systems that each group has and how they can be used. There may be federal, state, community, or private funding available.
- Develop outreach and public awareness activities, provide technical assistance, and disseminate information. Share the good news about the benefits and opportunities of intergenerational child care!

Selected Readings & Resources

- American Association of Retired Persons. (1993). *Intergenerational projects: Idea book*. By R. Clay, consultant for AARP, with C. Ventura-Merkel, D. Eades-Goudy, and T. Dubich. Washington, DC: American Association of Retired Persons.
- American Association of Retired Persons. University of Pittsburgh, Generations Together. (1993). *Older worker child care employment survey*. Washington, DC: American Association of Retired Persons.
- Brazelton, T. B. & Brown, A. (n.d.). *A grandparents' guide for family nurturing and safety*. Washington, DC: U.S. Consumer Product Safety Commission.
- Dallman, M. E. & Power, S. A. (1997). *Forever friends: An intergenerational program*. *Young children*, 52 (2): 64-68.
- Washington, DC: National Association for the Education of Young Children.
- Frantz, A., ed. *Together: The Generations United newsletter*. Washington, DC: Generations United.
- Generations United. (1997). *Strengthening the social compact: An intergenerational strategy*. Washington, DC: Generations United.
- Goyer, A. & Zuscs, R. (In press). *Intergenerational shared site project: A study of co-located program and services for children, youth, and older adults*. Washington, DC: American Association of Retired Persons.
- Helfgott, K. P. for Generations United. (1992). *Older adults caring for children: Intergenerational child care*. Washington, DC: CWLA Press.
- Latimer, D. J. (1994). Involving grandparents and other older adults in the preschool classroom. *Dimensions of early childhood*, 22 (1), 26-30. Little Rock, AR: Southern Early Childhood Association.
- McDuffie, W. G. & Whiteman, J. R., eds. (1989). *Intergenerational activities program handbook*. 3d ed. Binghamton, NY: Broome County Child Development Council.
- National Association for the Education of Young Children. (1997). Early years are learning years: Young and old together. Release #97/20. Washington, DC: National Association for the Education of Young Children.
- National Association of Child Care Resource & Referral Agencies. (1998). *All in the family: Supporting families who use child care by relatives: Technical assistance for CCR&R professionals*. Washington, DC: National Association of Child Care Resource & Referral Agencies.
- Newman, S., et al. (1997). *Intergenerational programs: Past, present and future*. Washington, DC: Taylor & Francis.
- Seefeldt, C., Warman, B., Jantz, R. K., and Galper, A. (1990). *Young and old together*. Washington, DC: National Association for the Education of Young Children.
- Smith, T. B., Mack, C., Tittmich, E., Newman, S., & Ward, C. (1993). *Generations together: A job training curriculum for older workers in child care*. Syracuse, NY: Syracuse University Press.
- Smith, T. B. & Newman, S. (1993). *Older adults in early childhood programs: Why and how*. *Young children*, 48 (3): 32-35.
- Washington, DC: National Association for the Education of Young Children.
- Stremmel, A. J., Travis, S. S., & Kelly-Harrison, P. (1997). Mutually beneficial activities for young children and older adults in dependent care. *Young children*, 52 (7): 29-31. Washington, DC: National Association for the Education of Young Children.
- Wilson, J., comp. (1994). *Connecting the generations: A guide to intergenerational resources: An overview of intergenerational programming and selected listing of books, manuals, and medial resources*. Washington, DC: American Association of Retired Persons.

ORGANIZATIONAL RESOURCES

For additional information:

American Association of Retired Persons (AARP)

601 E Street, NW
Washington, DC 20049
(202) 434-AARP

Administration for Aging, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(202) 619-0724

Center for the Child Care Workforce
733 15th Street, NW, Suite 1037
Washington, DC 20005-2112
(202) 737-7700

Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services
330 C Street, SW, Room 2046
Washington, DC 20447
(202) 690-6782

Generations Together: An Intergenerational Studies Program
University of Pittsburgh
121 University Place, Suite 300
Pittsburgh, PA 15260
(412) 648-7150

Generations United
440 First Street, NW, Suite 480
Washington, DC 20001-2085
(202) 662-4283

National Association for the Education of Young Children
1509 16th Street, NW
Washington, DC 20036-1426
(800) 424-2460

National Council on the Aging
409 Third Street, SW
Washington, DC 20024
(202) 479-6675

National Intergenerational Caucus of Early Childhood Professionals
Oakton Community College
1600 East Golf Road
Des Plaines, IL 60016
(847) 635-2612

Temple University Center for Intergenerational Learning
1601 N. Broad Street, Room 206
Philadelphia, PA 19122
(215) 204-6836

**Thomas Fitzgerald Veterans' Home
Omaha, Nebraska**

Future Child Care Area

Day Care Room 1	27.5' x 21'	577.5 Sq. Feet
Day Care Room 2	19.5' x 11.5'	224.0 Sq. Feet
Day Care Room 3	20' x 20'	400.0 Sq. Feet
Day Care Room 4	14'10" x 14'2"	200.0 Sq. Feet
Day Care Room 5	19' x 57'	1083.0 Sq. Feet
Day Care Room 1-5	-	2484.5 Sq. Feet *
Hallway	32' x 8'	256.0 Sq. Feet
Girl's Rest Room	7.5' x 7.5'	56.0 Sq. Feet
Boy's Rest Room	7.5' x 7.5'	56.0 Sq. Feet
Hallway	27' x 8'	216.0 Sq. Feet
Child Care Director Office	11' x 11'	121.0 Sq. Feet
TOTAL INSIDE *		3189.5 Sq. Feet
Play Ground (Outside)		5940 Feet
TOTAL DAY CARE AREA		9129.5 Feet

*Day Care Future

If program is successful, it is possible to consider future expansion East to an unexcavated area, which could add a 14' x 38' room or 532 sq. feet for a potential of 10-15 additional children

BUSINESS PLAN FORM

Instructions: Please complete the following form to indicate expenses and income for your child care facility for the next 12 months.

Expenses

Salaries		Director salary \$ per hour	\$
Head Teacher salary \$ per hour	\$	Teacher salary \$ per hour	\$
Aide Salary \$ per hour	\$	Other staff salary \$ per hour	\$
Retirement Program, other employee benefits	\$	Quarterly Taxes	\$
		TOTAL SALARIES	\$
Overhead Costs related to the program (list separately)			\$
	\$		\$
	\$		\$
	\$	TOTAL OVERHEAD	\$
Operating Expenses		Advertising	\$
Food Service	\$	Telephone	\$
Cleaning Supplies	\$	Mileage	\$
Petty Cash	\$		\$
	\$		\$
	\$	TOTAL OPERATING	\$
Administrative Costs		Educational Supplies	\$
Enrichment/Recreation Activities	\$	License Fees & Permits	\$
Prof. Organizations	\$	Legal & Professional	\$
	\$		\$
	\$	TOTAL ADMINISTRATIVE	\$
Insurance		Workers Compensation	\$
Unemployment Insurance	\$	Subcontractor (s) - List each separately	\$
	\$		\$
		TOTAL INSURANCE	\$
		TOTAL EXPENSES:	\$

BUSINESS PLAN FORM**Income**

Infant Fees \$ per hour, weekly	\$	Toddler Fees \$ per hour or weekly	\$
Preschool Fees \$ per hour, weekly	\$	School age Fees \$ per hour or weekly	\$
Part-Time/Drop In \$ per hour	\$	Kindergarten Children \$ per hour	\$
		TOTAL FEES	\$
Child Care Subsidy	\$	Grants	\$
Loans	\$	Other	\$
USDA Food Program	\$		
		TOTAL INCOME:	\$

Discounts for Additional Children

1st Child	Xx%, explanation
2nd Child	Xx%, explanation
3rd Child	Xx% explanation

CHILD CARE BUREAU CONDUCTS A FORUM ON INTERGENERATIONAL ISSUES

By Shelley Levin,

Early Childhood Manager of Oakton Community College and
Co-Chair of the National Intergenerational Caucus of Early
Childhood Professionals

One day after the annual Generations United conference in April, the Child Care Bureau of the Department of Health and Human Services held a forum—considered a “kick-off day”—on intergenerational issues. Experts from across the country, as well as from the Washington, DC area, gathered to present information on a wide variety of intergenerational initiatives and programs. In the audience were representatives of the child care field, the aging network, government agencies, private associations and agencies, and providers.

Associate Commissioner Carmen Nazario, of the Child Care Bureau, and Assistant Secretary of the Administration on Aging, Jeanette Takamura, opened the day-long focus on intergenerational topics that related to young children, seniors, families, and communities. They raised the issue of grandparents and other relatives raising grandchildren, the crucial role older adults play in the implementation of welfare reform, and the relevance of community involvement in the adequate delivery of child care in the United States. Nazario spoke to the essential interdependence of young and old, while Takamura stated that the Administration on Aging is revising its position “because four-generational families are becoming a norm.”

The intergenerational experts who guided the forum were divided into three panels. Overwhelmingly, the message of the day was about the importance of lifespan education and the need to develop systems that give a framework and a standard for quality in programs that combine young children and older adults. The panels presented:

- an overview of what intergenerational programs mean to the field of child care and their impact on the larger community;
- seniors as workers in the field of early childhood care and education; and
- shared site programs where young children and older adults participate together in a variety of activities.

INTERGENERATIONAL CHILD CARE PROGRAMS

The first panel was moderated by Frank Fuentes, Deputy Associate Commissioner of the Child Care Bureau, and included:

- Nancy Henkin, Executive Director of the Center for Intergenerational Learning at Temple University;
- Wini McDuffie, Director of Intergenerational Programs for Senior Neighbors of Chattanooga, Inc. and Co-Chair of the National Intergenerational Caucus of Early Childhood Professionals; and
- Cheryl Lewis, Supervisor of the Refugee Employment Services and Coordinator of the Citizenship Project of the Jewish Family Services Association of Cleveland.

Dr. Henkin introduced the array of programs and spoke of the “essential power” that intergenerational relationships have as they impact the lives of those who share them. She insisted we need to create the infrastructure in our communities and “go to scale” in conserving and developing intergenerational initiatives. Further, Dr. Henkin said that fostering partnerships is crucial. The presence of elders among children provides diversity. It also offers the opportunity for consistent relationships that are so necessary for the healthy care and education of young children.

Wini McDuffie, who pioneered some of the favored training materials for staff of intergenerational programs, demonstrated how important it is for us to regard children and elders in a continuum of human development. The benefits of intergenerational programs were a focus of McDuffie’s presentation. She embellished this point with some striking slides of children and families from three, four, and five generations ago. To reflect quality and success, an intergenerational relationship, she affirmed, “has to be mutually beneficial.”

Cheryl Lewis offered a revealing story about Russian immigrants and their more easily acculturated grandchildren in Cleveland. The “Family Strengthening Grant” was developed to better link the isolated and disadvantaged grandparents with the American community through structured contact with their young grandchildren. The grant funded training for the foreign grandparents to become home child care providers. The expectation of the project was to help the adult children with

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GENERATIONS UNITED TOGETHER

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Generations United members represent many viewpoints. Inclusion of articles, research, conferences or resources does not imply GU’s endorsement. We encourage our members to submit articles, artwork, and information on upcoming events, recent publications or honors. All materials are considered carefully for publication.

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accessible and affordable child care, while simultaneously bridging the elders with the new community through the more rapidly acculturated grandchildren.

OLDER ADULTS AS CHILD CARE WORKERS

The second panel, moderated by Marci Andrews, Public Policy Coordinator for the Center for the Child Care Workforce, addressed older workers in early childhood settings. In her opening remarks, Andrews cautioned that older workers are often volunteers or low-wage-earning employees of funded programs, such as Foster Grandparents. She insisted that we should not allow these limited wages to impede our efforts to raise the salaries and benefits for the drastically underpaid early childhood professionals. Andrews went on to suggest we pay elders more for their contributions to child care. Other participants on the second panel were

- Sally Newman, Executive Director of Generations Together at the University of Pittsburgh;
- Carol Boyer, Administrator of Joining Generations, of Delaware's Division of Services for Aging and Adults with Physical Disabilities;
- Constance Todd, Project Director of the Washington, DC Foster Grandparent Program; and
- Judy Priebe, Executive Director of Care Castle Intergenerational Child Care Center in Colorado Springs.

"Training is key," declared Dr. Newman. The success of older workers hinges on their need to be challenged, their ability to learn, and their willingness to be trained or educated. Her current research, encompassing six regions across the country, is looking at the assumption that the presence of well-trained older workers enhances the success of intergenerational teaching teams in early childhood centers. Judy Priebe, by sharing the model of Care Castle, demonstrated how the elders who are trained, suitably matched to jobs, and appropriately supervised are part of a well-integrated intergenerational staff system. Priebe said the center volunteers are the professional staff's "best advocates."

Carol Boyer presented a second successful model of older workers in child care—this time showing how adults with physical disabilities have made contributions to licensed child care centers. Both Boyer and Constance Todd, of the Foster Grandparent Program, addressed the importance of personal contact in the recruitment and retention of elder workers. Training and supervision for those workers, once again, were emphasized by Todd.

SHARED SITE PROGRAMS

In the afternoon, there was a panel that addressed the shared site/off site programs. Shelley Levin, Early Childhood Manager of Oakton Community College and Co-Chair of the National Intergenerational Caucus of Early Childhood Professionals, was the panel moderator. She was joined by

- Amy Goyer, Intergenerational Specialist of AARP in Washington, DC;
- Dyke Turner, AIA, Director of Planning and Development for Providence Mt. St. Vincent in Seattle; and
- Jackie Mitchell, Director of Early Childhood Services for the Potawatomi Prairie Band Indians in Kansas.

Levin addressed child care licensing regulations for programs

involving young children and frail seniors in shared programming. Over the last few years, it has become apparent from early childhood educators and aging care professionals that co-located and off-site intergenerational programs are mushrooming across the country. She advocated for the partnering by all members of the community—providers, child care licensing representatives, health care agents, and aging network professionals—to plan and implement guidelines for these shared and off-site intergenerational programs. "It takes community to build community," stated Levin. Early childhood programs with an intergenerational component need to show intentionality, have identifiable characteristics of quality, supported by a body of knowledge based on research, and have a recognized tool for measuring success and quality so that these programs may be funded and supported by regulatory agencies. Levin conducted a national survey that revealed only two states—Illinois and Kansas—have gone to scale and created a statewide infrastructure for shared intergenerational programming standards in their child care center regulations.

Amy Goyer, from AARP, shared other research findings. Among the notable data she collected, Goyer found that the better trained in lifespan development were the staff in shared and off-site programs, the more comprehensively the intergenerational component was integrated into the program. Further, Goyer interpreted that these more fully integrated intergenerational programs reflected characteristics of higher quality than those where staff were less trained and the program less integrated.

In addition to the impact of training on intergenerational programs, Dyke Turner spoke about the importance of the environment and how it affects programming for both children and elders. Turner, an architect, has been nationally recognized for his innovative designs of shared sites for young children and for seniors who reside in extended care facilities. Using the social model (vs. the medical model), Turner advocated for a home-like environment that "[integrates] the concepts of choice, dignity, independence, individuality, [and] privacy." Easy accessibility with regard to children and seniors who seek each others' presence and/or companionship and opportunity for appropriate risks were other important aspects of Turner's designs.

Offering yet a different perspective, Jackie Mitchell shared information about a Language Preservation Project on the Potawatomi Reservation in Kansas. The elders on the reservation have been part of the school community by sharing tribal language and traditions. A video demonstrated how the elders work among the children to preserve their native language. Mitchell poignantly stated, "We all need to grow up to be elders; we don't need to grow old."

In closing comments, Generations United's Donna Butts reiterated an important statement she made earlier in the week, insisting that it is appropriate to "use the strengths of one generation to meet the needs of the other." She advocated for "best practice" with regard to efforts in programs, public policy and advocacy, and promoting intergenerational ideology. Perhaps most important, Butts urged participants to use an intergenerational framework when addressing other community issues.

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GENERATIONS UNITED'S REPORT TO AMERICA'S PROMISE: MARCH 1998

COMMITMENT

• *Promised to develop an infrastructure to provide training, technical assistance, and resource sharing to a minimum of 500 agencies of youth and aging organizations desirous of developing successful intergenerational programs to support children.*

PROGRESS

• *To date, Generations United has updated more than half of our national intergenerational program database and provided information to over 150 groups or individuals interested in beginning intergenerational programs. The committee advising on infrastructure development held two meetings to guide the process. More than 200 people received intergenerational child care education through conferences and special training sessions. Our fall symposium resulted in a new publication, *Grandparents and Other Relatives Raising Children: An Intergenerational Action Agenda*, designed to bring attention to the needs of children and their families.*

FORECASTING

• *A small grant will enable us to complete our database update and put this information on-line so that it will be accessible at any time to those interested in intergenerational programming. Our national conference will train more than 250 people in intergenerational strategies and program development. As an organization we will continue to develop our infrastructure and national partnerships to support intergenerational initiatives.*

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Dr. Joan Lombardi, Deputy Assistant Secretary for Policy and External Affairs in the Administration for Children and Families of DHHS, also gave a closing statement. She challenged the group to take steps to do five things to promote intergenerational ideology. She urged us to talk together and learn about each other's feelings, worlds, and theories. She guided us to identify and articulate goals—and then to implement those goals with a plan. She encouraged us to think outside the box and pursue funding sources from the states and from the aging network. She spoke to the necessity of defining and assessing what we do. Finally, rang Dr. Lombardi, we must tout what we are doing and continue to show quality efforts across the wide range of program models.

The Child Care Bureau clearly recognizes that intergenerational ideology supports its division for child care: by enhancing quality services, providing a [multi] (rather than two-) generational focus, and promoting "comprehensive services to health, family support, and community agencies." The day of thinking intergenerational framework in the child care arena has come.

INTERGENERATIONAL LEARN & SERVE CLEARINGHOUSE

We are pleased to announce that Generations United is becoming the national Learn and Serve intergenerational clearinghouse. As partners in the University of Minnesota's National Service-Learning Clearinghouse, we will be further establishing our program database and expanding its online accessibility. While we currently have about 600 program profiles on file and in our database, special emphasizes will now be given to gathering information about existing intergenerational Learn and Serve America projects. Depending on the speed with which the partnership develops, we hope to have the information available via the Internet by the end of the year.

If you have such programs or know of quality work going on around the country, please contact Generations United at (202) 662-4283 or via email at gu@cwla.org.

CELEBRATE AGE!

Temple University Center for Intergenerational Learning will hold its 19th Annual Intergenerational Learning Retreat on Friday, June 26 through Tuesday, June 30, 1998. Every summer since 1980, 75 people ranging in age from 14 to 100 years come to Temple's Ambler campus in Ambler, Pennsylvania for an exciting five-day retreat. The Retreat is a unique opportunity for people of different ages to interact in meaningful ways, sharing thoughts and feelings in large workshops or small

discussion groups, late night singing and dancing in the dormitories, afternoon swimming and volleyball, storytelling and improvisational theater. At the retreat, age-related stereotypes are broken down, new friendships are formed, and a strong community is developed.

For further information contact James Rhone, 215/204-6910 or Toscha Blalock, 215/204-8687 at the Center for Intergenerational Learning.

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which has committed 8 million dollars to replicating the program in other cities. Founder Brenda Krause Eheart talked about her original vision, how the program has unfolded and her dream that all military base closing discussions include exploring the feasibility of implementing a model such as Hope for the Children. It's a good idea and we will do all we can to help.

In Illinois and other areas, two important threads are woven throughout quality programs. First, there is an institutional commitment to intergenerational programs. Second, the philosophy permeates the entire organization or agency. It becomes the framework for consideration of new programs or initiatives. For example, in DuPage County all Head Start programs are designed to be intergenerational. It is a reminder that we must continue to advocate for a standard that includes all generations and takes into consideration their unique strengths and needs.

DRUG FREE WORKPLACE POLICY VERIFICATION

I, _____, confirm that our company, _____
has a Drug Free Workplace Policy which stipulates:

- that our company does not allow alcohol or drugs during work hours or work site;
- corrective action will be taken against any employee who fails to follow policy; and
- that our employees have been informed of this policy.

If you are a parent company, please check one of the following:

- _____ This policy applies to all branches of our company.
- _____ This policy does not apply to all branches of our company.

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